

FORM PTO-

Case Docket No. 1217/1

THE COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the Patent application of Inventor: TIMOTHY CHUTER

For: EXPANDABLE TRANSLUMINAL GRAFT PROSTHESIS FOR REPAIR OF ANEURYSM  
AND METHOD FOR IMPLANTING

Enclosed are:

☒ 12 sheets of drawing. (Informal)

☐ An assignment of the invention to \_\_\_\_\_

☐ A certified copy of a \_\_\_\_\_ application.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27.

☒ DECLARATION AND POWER OF ATTORNEY (Unsigned)

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	23 -20=	* 3
INDEP CLAIMS	5 -3=	* 2
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED		

\* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

## SMALL ENTITY

RATE	FEE
	\$315
x10	\$
X30	\$
x100	\$
TOTAL	\$

OR

OR

OR

OR

OR

## OTHER THAN A SMALL ENTITY

RATE	FEE
	\$630
x20	\$ 60
x60	\$ 120
x200	\$
TOTAL	\$ 810

☒ Please charge my Deposit Account No. 11-0600 in the amount of \$ 810.  
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 11-0600. A duplicate copy of this sheet is enclosed.

☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 35 CFR 1.17.

☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 11-0600. A duplicate copy of this sheet is enclosed.

☒ Any patent application processing fees under 37 CFR 1.17.

☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

☒ Any filing fees under 35 CFR 1.16 for presentation of extra claims.

Date: October 25, 1991

(AB143802318)

RESPECTFULLY SUBMITTED

KENYON &amp; KENYON

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RICHARD L. MAYER, ESQ.

Reg. No. 22,490



Docket No. 1217/1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : 48108 Timothy Chuter  
Serial No. : Not Assigned  
Filed : Herewith  
For : EXPANDABLE TRANSLUMINAL GRAFT  
PROSTHESIS FOR REPAIR OF ANEURYSM AND  
METHOD FOR IMPLANTING  
Examiner : Not Assigned  
Group Art Unit : Not Assigned  
Hon. Commissioner of Patents  
and Trademarks  
Washington, D.C. 20231

APPLICATION UNDER 37 C.F.R. §§ 1.41(c) AND 1.53(d)

SIR:

The undersigned attorney for Applicant hereby makes application for Letter Patent under 37 C.F.R. §§ 1.41(c) and 1.53(d) on behalf of the above-identified Applicant whose address is indicated on the enclosed unsigned Declaration and Power of Attorney.

Please address all communications concerning this application to:

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Respectfully submitted,

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(AB143802318)



EXPRESS MAIL CERTIFICATE

"EXPRESS MAIL" MAILING LABEL NUMBER AB143802318

DATE OF DEPOSIT OCT.25,1991

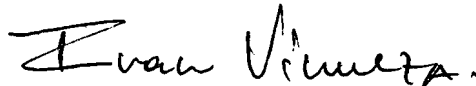
TYPE OF DOCUMENT PATENT APPLICATION FOR TIMOTHY CHUTER,

SERIAL NO. \_\_\_\_\_ FILING DATE HEREWITH

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE, BY BEING HANDED TO A POSTAL CLERK OR BY BEING PLACED IN THE EXPRESS MAIL BOX BEFORE THE POSTED DATE OF THE LAST PICK UP, AND IS ADDRESSED TO THE COMMISSIONER OF PATENTS AND TRADEMARKS, WASHINGTON, D.C. 20231.

IVAN VINUEZA

(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)



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TITLE: EXPANDABLE TRANSLUMINAL GRAFT PROSTHESIS FOR REPAIR  
OF ANEURYSM AND METHOD FOR IMPLANTING